

State Annual Ombudsman Report to the Administration on Aging

Agency or organization which
sponsors the State Ombudsman Program: _____

Part I — Cases, Complainants and Complaints

A. Provide the total number of *cases opened* during reporting period.

Case: *Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints or problems which requires opening of a case file and includes ombudsman investigation, fact gathering, setting of objectives and/or strategy to resolve, and follow-up.*

B. Provide the *number of cases closed*, by type of facility/setting, which were received from the types of complainants listed below.

Closed: *Ombudsman activity on a case has stopped for any of the following reasons: 1) resolution or partial resolution, 2) by request of complainant, 3) complaint(s) unresolvable, 4) complaint(s) not verified, 5) resident died and no further investigation was required or 6) complaint(s) referred to other agency for resolution and final disposition was not obtained and/or reported to ombudsman.*

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	_____	_____	_____
2. Relative/friend of resident	_____	_____	_____
3. Non-relative guardian, legal representative	_____	_____	_____
4. Ombudsman/ombudsman volunteer	_____	_____	_____
5. Facility administrator/staff or former staff	_____	_____	_____
6. Other medical: physician/staff	_____	_____	_____
7. Representative of other health or social service agency or program	_____	_____	_____
8. Unknown/anonymous	_____	_____	_____
9. Other; specify types:	_____	_____	_____

Total number of *cases closed* during the reporting period:

C. For *cases which were closed* during the reporting period (those counted in B above), provide the *total number of complaints received*:

Complaint: *A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.*

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

D. Types of Complaints, by Type of Facility

Below and on the following pages provide the total number of *complaints* for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

Ombudsman Complaint Categories

Residents' Rights	Nursing Facility	B&C, ALF, RCF. similar
A. Abuse, Gross Neglect, Exploitation (<i>willful</i> mistreatment of residents)		
1. Abuse, physical (including corporal punishment)	_____	_____
2. Abuse, sexual	_____	_____
3. Abuse, verbal/mental (including involuntary seclusion)	_____	_____
4. Financial exploitation (use E for less severe financial complaints)	_____	_____
5. Gross neglect (use categories under Resident Care for non-willful forms of neglect)	_____	_____
6. Resident-to-resident physical or sexual abuse	_____	_____
7. Other - specify:	_____	_____
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	_____	_____
9. Access to ombudsman/visitors	_____	_____
10. Access to facility survey	_____	_____
11. Information regarding advance directive	_____	_____
12. Information regarding medical condition, treatment and any changes	_____	_____
13. Information regarding rights, benefits, services	_____	_____
14. Information communicated in understandable language	_____	_____
15. Other - specify:	_____	_____
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	_____	_____
17. Appeal process - absent, not followed	_____	_____
18. Bed hold - written notice, refusal to readmit	_____	_____
19. Discharge/eviction - planning, notice, procedure, implementation	_____	_____
20. Discrimination in admission due to condition, disability	_____	_____
21. Discrimination in admission due to Medicaid status	_____	_____
22. Room assignment/room change/intrafacility transfer	_____	_____
23. Other - specify:	_____	_____

Part I, Types of Complaints, cont.

**Nursing
Facility****B&C, ALF,
RCF. similar****D. Autonomy, Choice, Preference, Exercise of Rights, Privacy**

- 24. Choose personal physician, pharmacy
- 25. Confinement in facility against will (illegally)
- 26. Dignity, respect - staff attitudes
- 27. Exercise preference/choice and/or civil/religious rights (includes right to smoke)
- 28. Exercise right to refuse care/treatment
- 29. Language barrier in daily routine
- 30. Participate in care planning by resident and/or designated surrogate
- 31. Privacy - telephone, visitors, couples, mail
- 32. Privacy in treatment, confidentiality
- 33. Response to complaints
- 34. Reprisal, retaliation
- 35. Other - specify:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. Financial, Property (Except for Financial Exploitation)

- 36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)
- 37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)
- 38. Personal property lost, stolen, used by others, destroyed
- 39. Other - specify:

_____	_____
_____	_____
_____	_____
_____	_____

Resident Care**F. Care**

- 40. Accidental or injury of unknown origin, falls, improper handling
- 41. Call lights, response to requests for assistance
- 42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)
- 43. Contracture
- 44. Medications - administration, organization
- 45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming
- 46. Physician services, including podiatrist
- 47. Pressure sores, not turned
- 48. Symptoms unattended, no notice to others of change in condition
- 49. Toileting, incontinent care
- 50. Tubes - neglect of catheter, NG tube (use D.28 for inappropriate/forced use)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part I, Types of Complaints, cont.

**Nursing
Facility****B&C, ALF,
RCF, similar****F. Care**

51. Wandering, failure to accommodate/monitor _____

52. Other — specify: _____

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment _____

54. Bowel and bladder training _____

55. Dental services _____

56. Mental health, psychosocial services _____

57. Range of motion/ambulation _____

58. Therapies — physical, occupational, speech _____

59. Vision and hearing _____

60. Other - specify: _____

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring _____

62. Psychoactive drugs - assessment, use, evaluation _____

63. Other - specify: _____

Quality of Life**I. Activities and Social Services**

64. Activities - choice and appropriateness _____

65. Community interaction, transportation _____

66. Resident conflict, including roommates _____

67. Social services - availability/appropriateness/ (use G.56 for mental health,
psychosocial counseling/service) _____

68. Other - specify: _____

J. Dietary

69. Assistance in eating or assistive devices _____

70. Fluid availability/hydration _____

71. Menu/food service - quantity, quality, variation, choice, condiments, utensils _____

72. Snacks, time span between meals, late/missed meals _____

73. Temperature _____

74. Therapeutic diet _____

75. Weight loss due to inadequate nutrition _____

76. Other, specify: _____

Part I, Types of Complaints, cont.

**Nursing
Facility****B&C, ALF,
RCF, similar****K. Environment**

77. Air/environment: temperature and quality (heating, cooling, ventilation, water temperature, smoking) _____
78. Cleanliness, pests, general housekeeping _____
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, no handicapped access, not secure _____
80. Furnishings, storage for residents _____
81. Infection control _____
82. Laundry — lost, condition, not used _____
83. Odors _____
84. Space for activities, dining _____
85. Supplies and linens _____
86. Other - specify: _____

Administration

L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directive, due process, billing, management residents' funds)

87. Abuse investigation/reporting _____
88. Administrator(s) unresponsive, unavailable _____
89. Grievance procedure (use C for transfer, discharge appeals) _____
90. Inappropriate or illegal policies, practices, record-keeping _____
91. Insufficient funds to operate _____
92. Operator inadequately trained _____
93. Offering inappropriate level of care (for B&C's/similar) _____
94. Resident or family council/committee interfered with, not supported _____
95. Other - specify: _____

M. Staffing

96. Communication, language barrier (use D.29 if problem involves resident inability to communicate) _____
97. Shortage of staff _____
98. Staff training, lack of screening _____
99. Staff turn-over, over-use of nursing pools _____
100. Staff unresponsive, unavailable _____
101. Supervision _____
102. Other - specify: _____

Part I, Types of Complaints, cont.

**Nursing
Facility****B&C, ALF,
RCF, similar****Not Against Facility****N. Certification/Licensing Agency**

- 103. Access to information (including survey) _____
- 104. Complaint, response to _____
- 105. Decertification/closure _____
- 106. Intermediate sanctions _____
- 107. Survey process _____
- 108. Survey process - ombudsman participation _____
- 109. Transfer or eviction hearing _____
- 110. Other - specify: _____

O. State Medicaid Agency

- 111. Access to information, application _____
- 112. Denial of eligibility _____
- 113. Non-covered services _____
- 114. Personal Needs Allowance _____
- 115. Services _____
- 116. Other - specify: _____

P. System/Others

- 117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person _____
- 118. Bed shortage - placement _____
- 119. Board and care/similar facility licensing, regulation _____
- 120. Family conflict; interference _____
- 121. Financial exploitation or neglect by family or other not affiliated with facility _____
- 122. Legal - guardianship, conservatorship, power of attorney, wills _____
- 123. Medicare _____
- 124. PASARR _____
- 125. Resident's physician not available _____
- 126. Protective Service Agency _____
- 127. SSA, SSI, VA, Other Benefits _____
- 128. Other, including request for less restrictive placement ¹ - specify: _____

Total, categories A through P _____

¹ Including work to implement the Supreme Court's Olmstead Decision

State: _____ Fiscal Year: 200__

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Part I, Types of Complaints, cont.

A. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)

129. Home care _____

130. Hospital or hospice _____

131. Public or other congregate housing not providing personal care _____

132. Services from outside provider (see instructions) _____

133. Other — specify: _____

Total, Heading Q. _____

Total Complaints* _____

*(Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

- E. **Action on Complaints:** Provide for *cases closed* during the reporting period the total number of *complaints*, by type of facility or other setting, for each item listed below.

	Nursing Facility	B&C, ALF, RCF, similar	Other Settings
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1. Complaints which were *verified* _____

Verified: *It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are substantiated or generally accurate.*

2. **Disposition:** Provide for all complaints reported in C and D, **whether verified or not**, the number:

- a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)

_____	_____	_____
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- b. Which were not resolved* to satisfaction of resident or complainant

_____	_____	_____
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- c. Which were withdrawn by the resident or complainant

_____	_____	_____
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- d. Which were referred to other agency for resolution and:

- 1) report of final disposition was not obtained

_____	_____	_____
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- 2) other agency failed to act on complaint

_____	_____	_____
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- e. For which no action was needed or appropriate

_____	_____	_____
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- f. Which were partially resolved* but some problem remained

_____	_____	_____
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- g. Which were resolved* to the satisfaction of resident or complainant

_____	_____	_____
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Total, by type of facility or setting _____

Grand Total (Same number as that for total complaints on pages 1 and 7) _____

***Resolved:** *The complaint/problem was addressed to the satisfaction of the resident or complainant.*

- F. **Legal Assistance/Remedies (Optional)** Discuss on an attached sheet the types and percentages of total complaints for which a) legal consultation was needed and/or used; b) regulatory enforcement action was needed and/or used; c) an administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used. *If no change from previous year, type "no change" at space indicated.*
- G. **Complaint Description (Optional):** Provide on an attached sheet a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

Part II — Major Long-Term Care Issues

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem, b) barriers to resolution, and c) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State.

B. *Facility Closures*: If your program has worked on facility closures, please include a description of these activities, including reasons for the closure(s) and outcomes of ombudsman activities.

C. If your program has been involved in planning for alternatives to institutional care and/or has assisted individual residents to move to less restrictive settings of their choice, please describe these activities and provide an approximate number of the individuals who have been assisted.

Note: Do not use attachments when entering this material on the data input program provided for the report — the material will be lost. Enter the material in the box provided for this purpose in the data input program.

Part III - Program Information and Activities**A. Facilities and Beds:**

1. How many **nursing facilities** are licensed and operating in your State? _____
2. How many **beds** are there in these facilities? _____
3. Provide the type-name(s) and definition(s) of the types of **board and care, assisted living, residential care facilities** and any **other adult care home** similar to a nursing or board and care facility for which your ombudsman program provides services, as authorized under Section 102(19) and (34), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. *If no change from previous year, type "no change" at space indicated.*
 - a) How many of **the board and care and similar adult care facilities** described above are **regulated** in your State? _____
 - b) How many **beds** are there in these facilities? _____

B. Program Coverage

Describe how your program provides statewide ombudsman coverage for nursing homes; board and care, assisted living, residential care and similar adult care facilities described in Part III, A.3 above. If you are not able to provide statewide coverage, what are the barriers and what do you plan to do to overcome the barriers? *If no change from previous year, type "no change" at space indicated.*

Statewide Coverage: *Residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the State have access to knowledge of the ombudsman program and how to contact it, and complaints received from any part of the State are investigated and documented and steps are taken to resolve problems in a timely manner, in accordance with Federal and State requirements.*

C. Local Programs

Provide for each type of host organization the **number** of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program:

Local entities hosted by:

Area agency on aging _____

Other local government entity _____

Legal services provider _____

Social services non-profit agency _____

Free-standing ombudsman program _____

Regional office of State ombudsman program _____

Other; specify: _____

Total Designated Local Ombudsman Entities _____

D. Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at State and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTE's		
	Number people working full-time on ombudsman program		
Paid clerical staff	FTE's		
Volunteer ombudsmen certified to address complaints	Number volunteers		
<p><i>Certified Volunteer:</i> An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.</p>			
Other volunteers (i.e., not certified)	Number volunteers		

E. Program Funding

Provide the amount of funds *expended* during the fiscal year from each source for your *statewide* program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2 \$ _____

Federal - Older Americans Act (OAA) Title VII, Chapter 3 \$ _____

Federal - OAA Title III provided at State level \$ _____

Federal - OAA Title III provided at AAA level \$ _____

Other Federal; specify: \$ _____

State funds \$ _____

Local; specify: \$ _____

Total Program Funding \$ _____

F. Other Ombudsman Activities

Provide below and on the next page information on ombudsman program activities other than work on complaints.

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions		
	Number hours		
	Total number of trainees		
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time		
3. Training for facility staff	Number sessions		
	3 most frequent topics for training		
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation		
	Number of consultations		
5. Information and consultation to individuals (usually by telephone);	3 most frequent requests/needs	<i>State</i>	
		<i>Local</i>	
	Number of consultations		

State: _____ Fiscal Year: 200__

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Activity	Measure	State	Local
6. Resident visitation (other than in response to complaint)	Number Nursing Facilities visited (unduplicated)		
	Number Board and Care (or similar) facilities visited (unduplicated)		
7. Participation in Facility Surveys	Number of surveys		
8. Work with resident councils	Number of meetings attended		
9. Work with family councils	Number of meetings attended		
10. Community Education	Number of sessions		
11. Work with media	Number of interviews/discussions		
	Number of press releases		
12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)		